

EXHIBIT K

Covenant HEALTH <i>(implemented by _____)</i> <u>Rights & Responsibility</u>	SUBJECT: Deaf / Hard of Hearing PAGE 1 OF 8
Approved By: Senior Nurse Executives 5/14, 4/16, 1/17, 4/17	Generated By: Senior Nurse Executives and Administration
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SYSTEM POLICY

To be used by the following: ***LeConte Medical Center, Methodist Medical Center, Parkwest Medical Center, Fort Sanders Regional Medical Center, Fort Loudoun Medical Center, Roane Medical Center, Morristown-Hamblen Healthcare System, Thompson Cancer Survivor Center, Claiborne Medical Center, Claiborne Health and Rehabilitation Center, Fort Sanders Sevier Nursing Home, Covenant Medical Group, Cumberland Medical Center***

Key Words:

Translator, interpreter, Stratus, deaf, hard of hearing,

Scope:

All departments

Purpose:

To ensure effective communication with individuals who are deaf or hard of hearing.

Policy Statement:

Each facility or office covered by this policy will, in compliance with applicable law, make available auxiliary aids and services to individuals who are deaf or hard of hearing when necessary to afford such individuals an equal opportunity to access and benefit from the facility's or office's services.

Definition:

Auxiliary aids and services: The term "auxiliary aids and services" includes qualified interpreters on-site or through video remote interpreting (VRI) services (e.g. Stratus); note-takers; real-time computer-aided transcription services; written materials; exchange of written notes; telephone handset amplifiers; assistive listening devices; assistive listening systems; telephones compatible with hearing aids; closed caption decoders; open and closed captioning, including real-time captioning; voice, text, and video-based telecommunications products and systems, including text telephones (TTYs), videophones, and captioned telephones, or equally effective telecommunications devices; videotext displays; accessible electronic and information technology; or other effective methods of making aurally delivered information available to individuals who are deaf or hard of hearing.

Companion: is an individual who is deaf or hard of hearing and is (a) a person whom the patient indicates should communicate with facility or office personnel about the patient, participate in any treatment decision, play a role in communicating patient's needs, condition, history, or symptoms to personnel, or help the patient act on the information, advice, or instructions provided by personnel; (b) a person legally authorized to make

health care decisions on behalf of the patient; or (c) such other person with whom personnel would ordinarily and regularly communicate the patient's medical condition.

Designated Representative: is an individual who is deaf or hard of hearing who has been designated by the patient, in accordance with CMS rules and regulations, to receive/obtain patient's personal health information, claim and benefit information, eligibility and coverage information, and/or payment and financial information.

Effective Communication: A form of communication (for example, writing or speech) that leads to demonstrated understanding and is appropriate for the situation.

Qualified Interpreter: The term "qualified interpreter" means an interpreter who is able to interpret effectively, accurately and impartially, both receptively and expressively, using any necessary specialized vocabulary. An interpreter's qualification is based on his/her ability to communicate effectively in a specific situation, such as in a healthcare setting using complex medical terminology and processes.

May be a person who is certified or in process of obtaining certification, with the National Registry of Professional Interpreters and translators for the deaf. The Knoxville Center of the Deaf (KCD) or Visual Communication Interpreting (VCI) can be contacted for on-site interpreting services.

Stratus: is a video interpreting service used for American Sign Language (ASL) interpreting and other languages. It is available 7-days a week 24-hours per day, and through the service, patients/companions/designated representatives receive qualified interpreting services.

Note- The Stratus video monitor is a wireless device. For areas that do not have wireless capability notify your supervisor if a face-to-face interpreter is needed.

TDD/TTY: is an electronic device used for telephone communications by deaf persons and those with other hearing difficulties. The telecommunications device allows for transmission of input text via the telephone. Direct communication can only be between telephones that are both fitted with the TDD system. The typical TDD is a device about the size of a small laptop computer with a keyboard and a small screen that uses LEDS to display typed text electronically.

Procedure:

- A. When a deaf or hard of hearing patient, companion, or designated representative presents to the facility or office, a "Communication Assessment Tool for Deaf and Hard of Hearing Individuals" form (CH80850050) may be used to identify the patient/companion/designated representative's requested communication aids, if any. Use of Stratus, a video remote interpreting services, may assist in communicating with the individual about completing the form. The completed form then should be placed in the patient's medical record and a copy given to the patient/companion/designated representative.
- B. Each facility or office should consult with individuals with disabilities to determine what type of auxiliary aid is needed to ensure effective communication. Although the communications preference of an individual with a disability should be given primary consideration, the ultimate decision as to what measures to take rests with the facility/office, provided the chosen method results in effective communication.
- C. If the deaf or hard of hearing patient /companion/designated representative requests a qualified interpreter, the nursing unit or other patient care area will contact the Administrative Supervisor/Office Manager without unnecessary delay with information pertaining to:
 1. Perceived communication shortcomings
 2. Nature, length, and complexity of communications

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3. Estimated length of stay
 4. Scope of service
 5. Availability and appropriateness of auxiliary aids and services, including Stratus.
- D. In the event that the Stratus VRI cannot provide for effective communications with an individual (e.g. Stratus video monitor unavailable or not working properly, the individual has vision deficits or there are other circumstances that prevent the individual from viewing the monitor and/or engaging with the VRI, the situation is so dynamic and fast-paced that the Stratus VRI interpreter cannot furnish effective communications with the patient and/or companion; multiple individuals needing interpretation in the same room, etc.) and; an on-site qualified interpreter is determined to be necessary to ensure effective communications, the Administrative Supervisor/Office Manager will contact the Knoxville Center of the Deaf (KCD) or Visual Communication Interpreting (VCI) to request an on-site qualified interpreter from their resource pool.
1. The Administrative Supervisor/Office Manager will contact KCD or VCI when an on-site interpreter is needed.
 2. The Administrative Supervisor/Office Manager will fax an "Interpreter Request" to KCD or VCI.
 3. The interpreter will register/ sign in with the Administrative Supervisor / Nursing office/Office Manager or designee on arrival.
 4. For deaf/hard of hearing hospital patients/companions, the Administrative Supervisor will work to establish a schedule of interpreting and other auxiliary aids and services as necessary to ensure effective communications during the patient's stay.
 5. Expenses for the interpreter will be approved through the Administrative Supervisor/Office Manager and such cost will be charged to the department requesting the interpreter. The facility or office does not impose a surcharge on patients or companions to reflect the cost of auxiliary aids and services.
 6. All interpreters will sign-out with the Administrative Supervisor / Nursing Office/Office Manager or designee when interpretation services are completed.
- E. Between the times an interpreter is requested and the interpreter is provided, facility or office personnel will continue to try to communicate with the patient, designated representative, or companion who is deaf or hard of hearing using other available methods of communication.
- F. If the deaf or hard of hearing patient/companion/designated representative requests use of assistive communication devices, the Administrative Supervisor/Office Manager will facilitate retrieving and setting up any necessary equipment (TDD, Video Remote Interpreting device) from storage without unnecessary delay. If the facility's/office resources permit, such equipment shall remain in the patient's room during the patient's stay/visit.
- G. If, at any time during the patient's time in the facility or office, the patient/companion/designated representative notifies a nurse or other hospital care giver of the desire to change the requested communication aids, the patient/companion/designated representative should be given a new "Communication Assessment Tool for Deaf and Hard of Hearing Individuals" form (CH80850050) to fill out. Keep all forms in the patient's medical record. Appropriate hospital personnel should be made aware of the patient/companion/designated representative's requested changes.
- H. The facility or office will not coerce, intimidate, threaten, or interfere with any patient, designated representative, or companion on account of their having requested, used, or encouraged the use of, auxiliary aids. If such an individual expresses a complaint about the auxiliary aids or services provided by the facility or office or related procedures, the facility or office will notify the patient or companion that in addition to revising the Communication Assessment Tool for Deaf or Hard of Hearing Individuals, they may contact the administrator on call or the Covenant Health Integrity-Compliance Office to discuss their concerns. The individual also should be notified of the Nondiscrimination Grievance Procedure Policy.

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- I. Some persons who are deaf or hard of hearing may prefer or request to use a family member or friend as an interpreter or to facilitate communication. However, family members or friends of the person will not be used unless (a) specifically requested by the individual who is deaf or hard of hearing, the family member or friend agrees to provide the assistance, and reliance on the family member or friend is appropriate under the circumstances (see J below); or (b) in an emergency situation involving imminent threat to the safety or welfare of the patient or public where no interpreter is available. The offer of auxiliary aids and services and the response should be documented in the patient's medical record.

NOTE: Children (under 18 years of age) will not be used to interpret, or facilitate communications except in emergency situation involving an imminent threat to the safety or welfare of the patient or public where no interpreter is available.

- J. Non-professional interpreters (family members or friends) may be appropriate at request of the hard of hearing patient/companion/designated representative. Depending on the complexity and nature of the communication, however, a qualified interpreter may be necessary to ensure effective means of communication for patients and companions. The following circumstances may be sufficiently lengthy or complex to require an interpreter:
1. Situation of suspected abuse or neglect
 2. Consent for treatment, surgery or procedure
 3. Discussion of diagnosis and specific treatment
 4. Education related to medication, discharge instructions etc.
 5. Anytime the non-professional interpreter does not understand medical terminology
- K. White Boards (where available) in patient rooms will have signage that indicates patient/companion/designated representative is hard of hearing, to assist staff to know to identify themselves when entering the room.
- L. A note will be placed next to the call light at the nurse's station to identify the patient as deaf or hard of hearing. This will indicate that staff must go into the individual's room when the call bell is activated.

M. Stratus

1. **Setting up "Stratus" video remote interpreting services equipment:**
 - a. Take the video cart to the appropriate location. The patient/companion/designated representative should be located in an area where the video cart can be connected.
 - b. Turn on the monitor (instructions attached to the monitor and at end of this policy)
 - c. Ensure that the monitor is in front of the patient. The interpreter and the patient/companion must be able to see each other's face, arms, hands, and fingers.
2. **To connect the Stratus video monitor:**
 - a. Turn monitor on, select the Hummingbird icon,
 - b. Tap the button for the language you need
 - c. Provide the following information:
 - i. Identify company: (facility or office name)

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- ii. Employee badge number
- iii. Briefly describe the situation to the interpreter.
- iv. Introduce the patient /companion/designated representative and begin your questioning or conversation.
- v. The video and audio of the Stratus VRI must be real-time, high-quality, and sharply delineated without lags, choppiness, blurring or irregular pauses in communication and provide for clear, audible transmission of voices.
- vi. If interpreter is not effective, another interpreter can be requested.

3. When the session is complete:

- a. Tap the hang-up button on the control panel at top right of screen.
- b. Return the unit to assigned location and plug into electrical outlet during storage.

4. Cleaning equipment and use in isolation room:

- a. The video unit should be cleaned and disinfected after each use and when visibly soiled.
 - i. Before cleaning, ensure that equipment is unplugged.
 - ii. Video monitor screen should be wiped gently using a non-alcohol, non-bleach sani wipe.
 - iii. Use a quaternary or bleach disinfectant to wipe down mobile cart handles, leg, and wheels.
- b. When the video unit is used in an isolation room, prior to being removed from room, the video cart must be completely cleaned, as outlined above.
- c. Use double gloving when monitor used in contact isolation room. Make sure you have clean gloves on when setting up equipment. Remove the outer gloves prior to disinfecting the equipment to prevent contamination.

N. Documentation in nurses notes:

- 1. Nursing intervention i.e., admission process, education.
- 2. Use of Stratus equipment or Interpreting Service; Interpreter's name and Interpreter number, and summary of interpretation.

O. If the patient /companion/designated representative requires a TDD/TTY device it will be made available via:

- 1. A TDD/TTY device is available from the switchboard for use in a patient room.
- 2. The TDD/TTY device must be signed out by the Administrative Supervisor or staff person.
- 3. Closed caption machines are also available from Bio-Medical services.

P. When it is necessary for a facility or office employee to call a deaf patient or family, and you do not have the use of a TDD/TTY device, the Tennessee Relay Center (TRC) provides free, statewide assisted telephone service to those with speech, hearing, and visual impairments (as a service to Tennessee's deaf, deaf-blind, hard-of-hearing, and speech-impaired community). By calling the toll free number, the service will then call the party you need to speak with and relay your message via TDD/TTY free of charge and *all calls are confidential*. The steps are as follows:

- 1. Call the Tennessee Relay Service at 1 (800) 848-0299.
- 2. Listen for the greeting: "Tennessee Relay Service. Communication Assistant (CA) #. May I have the number you are calling?"
- 3. Give the CA the number you are calling. (You are now ready to talk).

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4. Begin speaking as you would during a regular telephone conversation. The CA will relay your conversation.
5. Each time you finish speaking, say *"Go ahead"* to inform the CA that you are ready to receive the TTY user's response.
6. If you want to make another call when you are finished, do not hang up. The CA will be ready to place your call.

O. If a patient /companion/designated representative requires telephone amplification via the provision of a headset with adjustable volume, such requests will be forwarded to the Administrative Supervisor for provision of equipment in room. The amplification device is located at the Switchboard and will be signed out by the person picking the device up from the switchboard.

References:

Americans with Disabilities Act of 1990 as amended by ADA Amendment Act of 2008, 42 U.S.C.S. 12101 *et seq.*

28 C.F.R. Part 36

Rehabilitation Act of 1973, Section 504, 29 U.S.C.S. 794

45 C.F.R. Part 84

45 C.F.R. §92.202(a)

<http://www.state.tn.us/tra/relaycenter.htm>

United States Department of Health & Human Services, Office of Civil Rights, "Guidance to Federal Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons"

U.S. Department of Health & Human Services, Civil Rights, "Example of a Policy and Procedure for Providing Auxiliary Aids for Persons with Disabilities" <http://hhs.gov/ocr/civilrights/clearance/exauxaids/html>